

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Zenaida's	CHAPTER 100.1
Address: 67-435 Kukea Circle, Waialua, Hawaii 96791	Inspection Date: October 21, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Annual tuberculosis (TB) clearance incomplete as follows:</p> <ol style="list-style-type: none"> 1. Household member (HHM) #1 – TB skin test reads “negative”. Please submit dates and measurements for current TB skin test. . 2. HHM #2 – No evidence for annual clearance: -TB skin test (7/21/10) reads 20 mm. No evidence of X-Ray clearance or attestation. -- - Current TB skin test planted on 4/1/19 and read on 4/3/10 reads 0 mm. No two-step. Please submit evidence for clearance. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG obtained documentation for TB test results for HHM1</p> <p>For HHM #12, PCG obtained copy of x-ray clearance for positive PPD</p>	<p>9-7-19</p> <p>10-28-19</p> <p>PCG 6-500 6.</p>

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☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Annual tuberculosis (TB) clearance incomplete as follows:</p> <ol style="list-style-type: none"> 1. Household member (HHM) #1 – TB skin test reads “negative”. Please submit dates and measurements for current TB skin test. . 2. HHM #2 – No evidence for annual clearance: - TB skin test (7/21/10) reads 20 mm. No evidence of X-Ray clearance or attestation. -- Current TB skin test planted on 4/1/19 and read on 4/3/10 reads 0 mm. No two-step. Please submit evidence for clearance. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1- Instruct SCG / HHM on what is needed for a complete annual TB clearance form.</p> <p>2- Give request ^{2x} correct form prior positive ⊕ or ⊖ TB skin test.</p> <p>3- When form is returned, double check all information recorded is signed.</p>	<p>12/2/19</p> <p>INSTITUTIONAL RECORDS 11-2-19 01.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1, readmitted on 8/27/19, no evidence of primary care giver assessment.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>ONE ATTEMPT 19 DEC -2 61.</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(5) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Copy of advanced directive, as available;</p> <p><u>FINDINGS</u> Resident #1, no evidence of an advanced directive (AD). However, Resident Emergency Form reads, "AD available".</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1- Asked SW to contact legal question regarding AD.</p> <p>2- Obtained POLST form signed by resident + doctor.</p>	<p>404-11</p> <p>19 08-22-00 61.</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(5) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Copy of advanced directive, as available;</p> <p><u>FINDINGS</u> Resident #1, no evidence of an advanced directive (AD). However, Resident Emergency Form reads, "AD available".</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1- Upon readmission of resident, DCH will use the admission check list.</p> <p>2- Assted resident, SW, Guardian for copy of AD & POLST.</p> <p>3- rules forms are returned, all check for signatures and file in residents record.</p>	<p>12/18/19</p> <p>ONLY 11-11-15 11-11-15 11-11-15</p> <p>11-11-15 2-11-15 11-11-15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, no evidence of current TB skin test. The TB skin test expired. TB test planted on 9/11/18 and read on 9/13/18. Please submit evidence of a current TB skin test.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Took resident to Dept of Health on 10-28-19 for TB skin test. test result on 10-30-19 - neg.</i></p>	<p>10-30-19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, "As needed" medication made available 15 times during February 2019; however no evidence of the reason for making medication available or the resident response.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>10/11/2019</p> <p>10/11/2019</p> <p>10/11/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, no evidence in the progress notes of a smoking-monitoring program instituted after July 2019 incident when the resident's smoking behavior resulted in harm to self.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>ORIGINAL MIS 11/2/19</p> <p>19 DEC 2 - 11 34</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, no evidence in the progress notes of a smoking-monitoring program instituted after July 2019 incident when the resident's smoking behavior resulted in harm to self.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. For behavior management/monitoring rules:</p> <p>1. monitor residents behavior</p> <p>2. Report - concerns to SW when behavior are not safe.</p> <p>3. Record - observe + calls to SW in residents records.</p>	<p>12/02/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1, incident report filed in the resident record for an emergency room visit on 12/24/18.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I removed incident report on resident. on 12-24-18 and put in care home binder.</i></p>	<p style="text-align: center;"><i>12/02/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1, emergency information sheet incomplete as follows:</p> <ol style="list-style-type: none"> 1. No allergy information for "Lisinopril" allergy 2. No current TB clearance 3. Lists "Advanced Health Care Directive (AD) available"; however, no evidence for an AD. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I updated Emergency Information 12-02-19 on Oct 21, 2019</i></p>	<p>19-08-21 12:00 PM</p>

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1, emergency information sheet incomplete as follows:</p> <ol style="list-style-type: none"> 1. No allergy information for "Lisinopril" allergy 2. No current TB clearance 3. Lists "Advanced Health Care Directive (AD) available"; however, no evidence for an AD. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>when I take the resident to the annual physical, I'll bring Emergency Form with me.</p> <p>Review doctor's orders, lab tests + diet + TB test + record information in Emergency Form.</p> <p>make the form available in my home E.M.S.</p>	<p>12-02-19</p> <p>RECEIVED 12/02/19 12/02/19 12/02/19</p> <p>12-02-19 2-000 61.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Resident records, unsecured in the kitchen.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I locked my records.</i></p>	<p><i>10/21/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Register, did not maintain a permanent register. Register did not reflect recent discharge and readmission for Resident #1.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I updated the register.</i></p>	<p><i>10-21-19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><u>FINDINGS</u> Emergency plan is inaccurate as follows:</p> <ol style="list-style-type: none"> 1. No bedroom numbers listed 2. Three (3) exits listed; however, exit from resident area was not accessible thru kitchen. Kitchen door locked from inside the kitchen with a swing lock. <p>Please revise your Emergency plan. Remove the kitchen exit and show two (2) exits as well as the bedroom numbers.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I remove the Exit from the kitchen.</i></p> <p><i>We will use Exit B + C for all our drills.</i></p>	<p>12-02-19</p> <p>6-01 2-12-19</p> <p>6-01 2-12-19</p>

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

[Signature]
Zenaida Rivera
Dec. 02, 2019

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STAFF 101 10115

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